



# **South East Regional Trauma Coordinating Committee**

## **Conference Call Notes**

**February 2, 2009**

**14:00 – 15:00**

**Call In Number: (888) 677-1861**

**Pass Code: 39206#**

**Attendees:** Raul Coimbra, MD  
Sue Cox, RN  
Dot Kelley, RN  
Cynthia Marlin-Stoll, RN  
Sharon Pacyna, RN

**EMSA Staff:** Johnathan Jones, RN  
Bonnie Sinz, RN

**Agenda Item: Review of January 12, 2009 Notes**

Notes not available

**Agenda Item: Subgroup Activities**

**Trauma Triage – LEAD: Cynthia Marlin-Stoll**

Cindi reported that the Triage Break-out session notes were not saved on the laptop and she has to recreate the discussion. Basically everyone in attendance wanted to be on the same page and each County was going to review their triage criteria. Cindi was going to do a literature search regarding GCS but feels confident that GCS 14 should be the standard since ACS and CDC both recommend transport to a trauma centers.

Dr. Coimbra suggested there should be caveats for history, age, mechanism, medications. For example an elderly patient on Coumadin, s/p fall with a + LOC, head laceration, but a GCS 15 on medic arrival should be considered for trauma center transport.

Everyone should have the same minimum triage criteria but be allowed to add to the algorithm based on local epidemiology, population characteristics, location, and paramedic judgment. Data submitted to the state registry will be based on their registry inclusion criteria rather than local nuances.

**Action Item:** Review the Rural Guidelines to look at Level IV. (not discussed - Sharon will ask Kathi Ayers for information).

Changing GCS to 14 will have an impact on Imperial County if they are currently using a GCS of 11. We should ask them if they are scanning and keeping these patients and what are their outcomes.

It was suggested that a QI study look retrospectively at Imperial patients with GCS of 12, 13, and 14.

Johnathan reported that the Imperial County Level IVs trauma volume has dropped 50% because REACH is transporting scene patients to Riverside. Therefore we would have to get scene transport data from Desert Regional. It would be interesting to see what criteria first responders use to determine whether the patient should be transported to a Level IV vs. airlifted by REACH.

San Diego gets transports from the hospitals and could provide data for that population.

Dr. Coimbra proposed a retrospective study. Using Imperial County triage criteria analyze outcomes for patients transported to Level IVs. This will give us an idea of isolated TBIs.

Data collection and analysis should be processed through the LEMSAs.

**Action item:** Cindi will contact Les and Ryan regarding data collection for a study.

We could also look at the algorithm being employed for Scene REACH transports. If GCS is part of the criteria look at isolated head injuries and evaluate adequacy to appropriate level of care. However, these patients are usually multi-trauma.

The question is whether the Pioneer and ECRMC are filling out registries. If not we may have to rely on OSHPD ED data which could provide E-Codes and ICD9s.

Johnathan states the trauma coordinators in Imperial County are entering their own data and seem interested in becoming involved. He suggested we establish a subcommittee to assist them identify the required data. Sharon and Cindi volunteered to provide guidance.

*Action item: Sharon and Cindi will approach Gerry Ibarra and Darin Smith to ask if they have needs regarding registry data collection.*

Dr. Coimbra suggested our study address the question of what triage criteria would be reasonable in a County with just two Level IV Trauma Centers. Is their current triage criteria appropriate? If not, how can we, as a committee help them to ensure their triage tree minimizes missed injuries, optimizes patient care and ensures timely transfers? It will be important to look at rural criteria. The end product will be to draft a Triage Tree with minimum criteria for our RTCC with a distinct algorithm for Imperial County.

*Action item: Cindi will design a Criteria Study with the epidemiologists.*

#### **Quality Improvement – LEAD: Sharon Pacyna/Dorothy Kelley**

Sharon distributed a draft narrative from QI Break-Out session. She will forward to Break-out participants to get feedback and then finalize for the RTCC web site.

Many of the QI projects include data mining so we will have to ask the LEMSAs to help facilitate this aspect.

The energy level in the Break-Out session was high and our challenge will be to maintain this enthusiasm.

Dr. Coimbra would like to establish Regional Trauma Audit Committee meetings (the author of these minutes would like to name these meetings RTAC in the interest of expediency) where we share our great saves and our Preventable and Potentially Preventable deaths as a learning forum.

Initially we should start small and limit participation to TMDs, TPMs, and County EMS personnel to promote a level of comfort and to encourage candidacy. The meetings will be established under the auspices of the QI Subcommittee.

Dr. Coimbra suggested that we also present some cases at the general session of the RTCC Meeting to describe the PI process. We should encourage audience participation and carefully select the cases.

Riverside and ICEMA meet quarterly and Cindi will present RTCC feedback, including the idea of RTAC meetings, at the February 25<sup>th</sup> Quarterly Meeting.

Dr. Coimbra would like to have the face-to-face prior to our next RTCC meeting if a date can be identified.

**Funding** – LEAD: Virginia Hastings

Virginia not able to participate in today's call.

**Repatriation** – LEAD: Les Gardina and Ryan Kelley

Les and Ryan not able to participate in today's call.

**Agenda Item: Review Break-Out Session Summaries**

*Action item: Committee members to review Break-Out session notes distributed by Sharon and Les.*

**Agenda Item: RTCC Web Site documentation**

PowerPoint authors approved putting their presentations on the state RTCC web site.

*Action item: Cindi will remove animation and provide Bonnie an alternative PowerPoint.*

*Action item: Bonnie will put the following on the RTCC website under the heading "Activities: Regional Trauma Summit on January 9, 2009"*

- *PowerPoints*
- *Break-Out Narratives*
- *RTCC Temecula attendees (and titles)*
- *Meeting photographs*
- *Agenda*
- *Speaker Roster*

Bonnie stated the current RTCC web site lists our Steering Committee as Interim Planning Members.

*Action item: Bonnie will change the name to Steering Committee.*

*Action item: Sharon will forward all RTCC Steering Committee Conference Call Notes to Bonnie for posting on the web site.*

**Agenda Item: Next South East RTCC Meeting – June 4<sup>th</sup> hosted by Desert Regional Medical Center**

Desert Regional has agreed to open its doors for our next RTCC meeting. They would have to collect approximately \$25 - \$20 from each participant to cover the cost of food. The only cost would be materials.

Bonnie reported that the Temecula meeting cost approximately \$7,000 which leaves us \$2,000. Once Cindi gets an estimate from Desert Regional a decision will be made regarding the budget.

*Action Item: Each Lead will forward a Save the Date flyer to Break-Out participants.*

*Bonnie will put a notice on the web site for the "Second South East Regional Meeting."*

Cindi has been receiving good and bad feedback about the meeting date because of the other adjoining meetings. It is difficult for some to be out of town for an extended period. EMSAAC is the 2<sup>nd</sup> and 3<sup>rd</sup> and there is a Hospital Association Trauma Meeting on the 4<sup>th</sup>. This poses a conflict for Bonnie and Johnathan.

#### **Agenda Item: New Business**

Bonnie and Johnathan reported Director Steve Tharratt has been advocating for CEMSIS data flow by the end of the year. OTS verbally approved budget so Bonnie will start negotiations on the registry. The data dictionary is close to being ready for Public Comment.

Bonnie reported the next ATS Conference is "What's new in the World of Data Management" on May 8<sup>th</sup> in Baltimore, Maryland.

Johnathan reported that the Central Region has drafted a Roles and Responsibilities document and they would like feedback. Basically the structure is an Executive Committee and General Membership.

*Action Item: Johnathan will forward Central RTCC's Roles and Responsibilities document to our Steering Committee.*

Cindi would like to have the registrar from Riverside County Regional Hospital on our Steering Committee. The group agreed.